



TOWN OF DALTON
Board of Health
462 Main Street
Dalton, MA 01226
Tel (413) 684-6111 Ext. 20
Email efahey@dalton-ma.gov

APPLICATION FOR A PERMIT TO OPERATE A FOOD ESTABLISHMENT

NAME OF ESTABLISHMENT _____

BUSINESS ADDRESS _____

PHONE NUMBER _____ FEDERAL ID# _____

EMAIL ADDRESS _____

NAME OF OWNER _____ PERSON IN CHARGE* _____

***VALID SERVESAFE CERTIFICATION MUST BE ATTACHED FOR FULL TIME EMPLOYEE**

EMERGENCY CONTACT NAME / PHONE _____

| <u>TYPE OF PERMIT</u> | <u>FEE</u> |
|-----------------------|--------------------------------|
| RETAIL FOOD _____ | \$50.00 |
| FOOD SERVICE _____ | \$50.00 |
| CATERER _____ | \$50.00 |
| MOBILE FOOD _____ | \$50.00 |
| FROZEN DESSERT _____ | \$35.00 |
| TEMPORARY** _____ | \$35.00 **EVENT LOCATION _____ |

DAYS & HOURS OF OPERATION _____

OF SEATS _____ STAFF TRAINED IN ANTI-CHOKING PROCEDURES? _____

Pursuant to M.G.L. Chapter 62C, section 49A I certify under the penalties of perjury that I, to my best knowledge, have filed all state tax returns and paid all State taxes required under law.

SIGNATURE OF APPLICANT

DATE

~FOR HEALTH DEPARTMENT USE ONLY~

DATE RECEIVED

DATE INSPECTED

APPROVED BY

PERMIT NUMBER

FEE DUE WITH APPLICATION